

Exhibit C



Case Strategies Group, LLC

For more details, visit the official Court sanctioned website at www.nflconcussionsettlement.com

APPLICANT INFORMATION:

Name	
Social Security Number	
Email Address	
Home Address	
City/State/Zip	
Phone Number	
Date of Birth	

Player information:

Player Name	
Player Date of Birth	
Player Social Security Number	
Total Years Played	
Teams Played For	
Number of Seasons Played	
Opted Out of Concussion Settlement (Y/N)	

Additional Required Documentation (2):

Driver's License (2)	
NFL Player card (2)	
HIPPA Release (2)	
If a claim based on death with CTE, full estate paper work documenting the administrator/executor of the estate, a copy of the will and estate tax filing, and the autopsy report of the deceased.	

Client/Applicant Authorization and Verification of Claim Information:

I hereby authorize the release of medical information from my primary physician, any health care provider, or any health insurance company to Case Strategies Group, LLC. This information will be used by Case Strategies Group in the provision of consulting services related to whether and how Client/Applicant may register for and submit a claim to the NFL Concussion Settlement Administrator for consideration and a potential award under the Settlement. I authorize Case Strategies Group, LLC to assist or advise myself or my attorney to register myself as a Claimant by 8/7/17 and to advise on the choices necessary to submit a claim. A photographic or electronic copy of this signed authorization is deemed to be the equivalent of an original authorization. Applicant hereby verifies under the penalty of fraud that all information provided in this application or in connection with any service agreement is and shall be true and accurate to the best of my knowledge. I acknowledge that Case Strategies Group is relying on the truth and accuracy provided in this application.

X

Printed Name of Applicant:

Date:



HIPAA Privacy Authorization Form

****Authorization for Use or Disclosure of Protected Health Information**

(Required by the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164)**

****1. Authorization****

I authorize Case Strategies Group, LLC to use and disclose the protected health information described below to pursue benefits related to the NFL Concussion.

****2. Effective Period****

This authorization for release of information covers the period of healthcare from:



All past, present, and future periods.

****3. Extent of Authorization****



I authorize the release of my complete health record (including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse).

4. This medical information may be used by the person I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct.

5. This authorization shall be in force and effect indefinitely.

6. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

7. I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.

8. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Signature of patient or personal representative

Printed name of patient or personal representative and his or her relationship to patient



Date

Agreement for Consultant Services

This agreement is entered into on _____ (Date) by and between _____ ("Client") and Case Strategies Group, LLC ("Consultant").

The agreement covers consultant services to be provided as between the parties except where otherwise stated. Whereas Client wishes to retain Consultant to provide services associated with various claims arising out of Client's participation in the National Football League; the parties hereby agree as follows:

1. Consultant is not a law firm and will not provide legal services. Consultant is independent of any agreement or relationship between Client and Client's attorney, if any.
2. If Client retains an attorney, Consultant will cooperate with the retained attorney ("Attorney") in pursuit of Client's claims.
3. Consultant is not associated with the NFL, the NFLPA, the Plaintiff's Steering Committee, the Claims Administrator's Office, or any individual law firm. **Consultant is independent with respects to all parties mentioned above and provides services as described herein.**
4. **The services to be provided by "Consultant" shall be as follows:**
 - a. To provide assistance to Client and/or Client's attorney(s) in preparation of all documentation necessary to Client's NFL Concussion Settlement Claim. This includes, but is not limited, to Client's medical records, procurement of documentation necessary to calculate Client's eligible seasons, and all additional documentation related to Client's claim packet.
 - b. To advise client on the range of choices available for assessment and continuing care of monitoring with regards to current treating physicians, new specialists, the Baseline Assessment Program, and use of qualified MAF physicians approved in the settlement process.
 - c. To assist Client with his selection of a qualified MAF physician for the purpose of securing a Qualified Diagnosis under the Settlement.
 - d. To assist Client with all required travel and logistics planning in preparation to undergo the required neurological testing as outlined in the Settlement Agreement.
 - e. To assist Client in understanding their individual health insurance plans and the costs associated with patient care as it relates to required medical examinations in MDL 2323, along with assisting in obtaining ongoing neurological and psychological care if deemed necessary.
 - f. To assist Client in responding to any and all potential deficiencies and notices that can be received after the initial submission of the claim. This includes assisting in gathering additional documentation as requested by the Claims Administrator's office in the pursuit of Client's claim.



- g. If requested, assist Client in understanding choices available for retaining legal counsel, depending on the personal priorities of the Client.
- h. Consultant agrees to provide a calculation of damages in the pursuit of the above-mentioned claim through the use of proprietary software that accounts for Client's seasons played, level of diagnosis, and age at time of diagnosis.
- i. Where an expert opinion may be required, the Consultants agree to cooperate as necessary and will only undertake this level of investigation in response to Client's specific request.
- j. Consultant agrees to maintain a file of all documentation and reports developed in the course of assessing the level of impairment and damages specifically related to Client's claim.
- k. Consultant agrees to be available for any discussions or meetings between the Client and attorney(s) as necessary to assist in the accurate and efficient processing of Client's claim and to ensure that the maximum compensation is awarded.
5. **Services specifically not provided by Consultants:** Services not included in the scope of this agreement specifically include any and all legal services such as registering Client's claim, filing the actual claim packet after it has been prepared by Consultant, any and all appeals filing as required, medical services such as administering the required neuropsychological testing, and final payment of the claim. Any costs incurred by Consultant will be deducted from Client's award in addition to the contingency fee agreement as outlined below.
6. **Fees:** Consultant agrees to provide an invoice to Client indicating the charges for its services at the successful conclusion of Client's claim. This fee is contingent and will be in the amount of 10% of the gross recovery plus any and all costs incurred by Consultant on Client's behalf. Consultant agrees that fees are contingent and payable only upon the successful payment to the Client of a recovery for their claim.
7. **Payment of fees:** Client hereby authorizes and instructs any attorney or attorneys that Client retains or has retained to represent Client regarding the claim(s) covered by this agreement to pay Consultant its fees pursuant to invoices presented to the attorney from Consultant, directly from the Claim(s) settlement, award, and/or judgment proceeds, without the further approval of Client, in the amount of 10% of the Claim award plus all reasonable fees, medical, and travel expenses.
8. **Protection of confidential information:** As Consultant will be working in close contact with many confidential affairs of Client, including matters of a medical nature and any other information not readily available to the public, Consultant agree to keep secret all confidential matters. If Client retains an attorney, Client specifically authorizes Consultant to communicate and disclose confidential information to Client's attorney. Client further authorizes Consultant to enter into any and all agreements necessary with Client's attorney with the sole purpose of protecting confidentiality related to Client's claim.



THE UNDERSIGNED CLIENT ACKNOWLEDGES, BEFORE SIGNING THIS CONTRACT THAT HE/SHE HAS READ THE AGREEMENT, AND UNDERSTANDS EACH OF THE TERMS SET FORTH THEREIN. THE UNDERSIGNED

CLIENT HAS SIGNED THE AGREEMENT AND RECEIVED A SIGNED COPY TO KEEP TO REFER TO WHILE BEING REPRESENTED BY THE UNDERSIGNED "CONSULTANT".

THIS CONTRACT MAY BE CANCELLED BY WRITTEN NOTIFICATION TO THE "CONSULTANT" AT ANY TIME WITHIN 3 BUSINESS DAYS OF THE DATE THE CONTRACT WAS SIGNED, AS SHOWN BELOW, AND IF CANCELLED THE CLIENT SHALL NOT BE OBLIGATED TO PAY ANY FEES TO THE

"CONSULTANT" FOR THE WORK PERFORMED DURING THAT TIME. IF THE "CONSULTANT" HAS ADVANCED FUNDS TO OTHERS IN REPRESENTATION OF THE CLIENT, THE "CONSULTANT" IS ENTITLED TO BE REIMBURSED FOR SUCH AMOUNTS AS THEY HAVE REASONABLY ADVANCED ON BEHALF OF THE CLIENT.

If Client terminates the contract following the Consultant having prepared their work product and/or delivered same to the Client's attorney, the Consultant shall be entitled to fees specified in paragraph 5 of the contract and the Consultant will provide an invoice for all fees due. Consultant may withdraw at any time during the representation in this matter, but shall not assert an interest in the outcome upon withdrawing as "Consultant".

Client Printed Name: _____

Signature: _____

Address: _____

Address: _____

Phone: _____

Email: _____

Case Strategies Group: _____

Printed Name: _____